

U.S. Department of State
REPORT OF THE DEATH OF AN AMERICAN CITIZEN ABROAD

(Post & date of issue)

SSA No. _____

Name in full _____ Age _____

Date and Place of Birth _____

Evidence of U.S. Citizenship _____

Address in U.S.A. _____

Permanent or Temporary Address Abroad _____

Date of death _____
(Month) (Day) (Hour) (Minute) (Year)

Place of death _____
(Number and street) or (Hospital or hotel) (City) (Country)

Cause of death _____
(Including authority for statement - if physician, include full name and official title, if any)

Disposition of the remains _____

Local law governing disinterment of remains provides that _____

Disposition of the effects _____

Person or official responsible for custody of effects and accounting therefor _____

Traveling/residing abroad with relatives or friends as follows:

NAME

ADDRESS

Informed by telegram or telephone

NAME

ADDRESS

DATE NOTIFIED

Copy of this report sent to:

NAME

ADDRESS

DATE SENT

Notification or copy sent to Federal Agencies: SSA _____ VA _____ CSC _____ Other _____

The original copy of this document and information concerning the effects are being placed in the permanent files of the
Department of State, Washington, D.C. 20520

Remarks:

(Continue on reverse if necessary.)

[SEAL]

(Signature on all copies)

of the United States of America.